U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Abraham Gross						l	COURT CASE NUMBER 20-cv-04340-GBD-SN	
DEFENDANT						TYPE OF PROCES	TYPE OF PROCESS	
The City of New York et al						Summons & Co	Summons & Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTIONS FOR						IPTION OF PROPERTY	TON OF PROPERTY TO SELZE OR CONDEMN	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Breaking Ground, 505 8th Avenue, 5th Fl., New York, NY, 10018								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process t served with this Fon		
Pro Se: Abraham Gross 40 W. 77th St. Apt. 10C						Number of parties to served in this case	beco P	
New York, NY 10024						Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OT All Telephone Numbers, and Estima					SERVICE (Inc		die Addresses,	
Signature of Attorney other Originate	or requesting servi	ce on behalf of:	⊠ PLAIN □ DEFE	NTIFF NDANT		ne number 05-0175	^{DATE} 7/27/2020	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE								
1 acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process Origin No. District to Serve No. Signature of Authorized USMS Deputy or Clerk						MS Deputy or Clerk	Date JUL 2 7 202 0	
I hereby certify and return that I individual, company, corporation, etc								
hereby certify and return that I a	ım unable to locat	e the individual,	company, corpo	ration, etc. nar	ned above (See I	remarks below)		
Name and title of individual served (if not shown above)						9220	Time am	
Address (complete only different than shown above)						Signature of U.S. Ma	arshal or Deputy MCCC	
Service Fee Total Mileage (including ende	emors)	varding Fee	Total Charges	હ		Amount owed to U.S. Mai (Amount of Refund*)		
REMARKS			. 00					
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